S. No. 300
V. 10.48

FILED MAR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11191

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 44

100

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 302 Heath St. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott 100
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston 5 2
d. STREET ADDRESS (If rural, give location): 302 Heath St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Cyothia
b. (Middle): Bland
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): March 15 1949

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 12/24/82
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 2, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Hardin Co, Ky. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: John A.C.Bland
13b. MOTHER'S MAIDEN NAME: Mary Alice Gregory
14. NAME OF HUSBAND OR WIFE: J.W.Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Birey Walker Sikeston Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular-Hypertensive Disease — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 120

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-16, 1946, *to* 3-15, 1949, *that I last saw the deceased alive on* 3-14, 1949, *and that death occurred at* 3:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A.J. Martin O.M.D.
23b. ADDRESS: Sikeston, Mo
23c. DATE SIGNED: Mar. 22-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/17/49
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Sikeston, Mo.

DATE REC'D BY LOCAL REG.: March 25 1949
REGISTRAR'S SIGNATURE: Mrs. T.F. Henry 303 O
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hunter Whitton SIKESTON MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Office No. 2,
District File Number 349-423
Date Filed 3-28-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ Student Embalmer No. _____, working under my personal supervision.

Signed John Allentown

Licensed Embalmer No. 2941

P. O. Address Sekretan Va

Signed _____
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.